United Nations E/ICEF/2005/P/L.12

Economic and Social Council

Distr.: Limited
8 April 2005

Original: English

For action

United Nations Children's Fund
Executive Board
Annual session 2005
6-10 June 2005
Item 5 of the provisional agenda*

Draft country programme document**

Bangladesh

Summary

The Executive Director presents the draft country programme document for Bangladesh for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of $60,490,000 from regular resources, subject to the availability of funds, and $210,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2006 to 2010.

* E/ICEF/2005/7.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8), the present document will be revised and posted on the UNICEF website in October 2005, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2006.

05-30237 (E) 020505

Basic data[†] *(2003 unless otherwise stated)*	
Child population (millions, under 18 years)	65.3
U5MR (per 1,000 live births)	69
Underweight (%, moderate and severe)	48
Maternal mortality ratio (per 100,000 live births)	380
Primary school enrolment (% net, male/female)	81/84
Primary school children reaching grade 5 (%)	65
Use of improved drinking water sources (%)	75[a]
Adult HIV prevalence rate (%)	--
Child work (%, children 5-14 years old)	7[b]
GNI per capita (US$)	400
One-year-olds immunized against DPT3 (%)	85
One-year-olds immunized against measles (%)	77

[†] More comprehensive country data on children and women are available at www.unicef.org.
[a] Adjusted for arsenic contamination levels on the basis of national surveys conducted and approved by the Government.
[b] Excludes "household chores".

The situation of children and women

1. With a population of over 130 million, Bangladesh is one of the world's most densely populated countries. About half of the population (65.3 million) are children under 18 years of age. Bangladesh has been ranked 138th among 177 countries in the Human Development Index 2004. Despite an increase in national income per capita, the poverty gap is widening, with 63 million people living below the food-energy intake poverty line. The adult literacy rate is estimated at 56 per cent for men, 43 for women.

2. The infant mortality rate decreased from 75 to 51 per 1,000 live births from 1995 to 2002, and the under-five mortality rate fell from 116 to 69 between 1995 and 2003. Neonatal deaths account for two thirds of the infant deaths and one half of all under-five deaths. Most deliveries take place at home, in the absence of skilled attendance and access to emergency obstetric care, a fact that underlies one of the highest maternal mortality ratios in South Asia. A national study in 2004 revealed that the leading cause of death among children one to four years old is drowning, followed by pneumonia, malnutrition, and diarrhoea. Some 36 per cent of infants are born with low birth weight, 43 per cent of under-five children are stunted, and 48 per cent of under-fives are underweight. Anaemia is a severe public health problem in pre-school children and pregnant women. Health facilities suffer from shortages of supplies and qualified staff.

3. While 97 per cent of households have access to drinking water from an improved source, the overall safe water coverage has been reduced to about 75 per cent because of arsenic contamination. Use of sanitary latrines is increasing; however, promoting hygiene practices, especially proper hand washing, remains a

challenge. Solid-waste management is emerging as an important environmental problem, particularly in urban areas.

4. Because of poor parental skills, there are major disparities in the knowledge and practices of caregivers regarding early childhood care and development, particularly psychosocial development. Fewer than 10 per cent of children are registered after birth.

5. The net primary school enrolment rate is 81 per cent for boys and 84 per cent for girls. The dropout rate is high, and fewer than half of the children who complete primary school achieve expected competencies due to poor teaching-learning methods, overcrowded classrooms, and the lack of support from home.

6. Poverty is the main cause of child labour. An estimated 4.9 million children aged 5-14 years are working, many under hazardous conditions. Gender discrimination determines various societal roles that hamper the advancement of girls and women. Nearly 40 per cent of girls 15 to 17 years old are married, despite a law banning marriage before the age of 18. Dowry and dowry-related violence are widespread and pose serious threats to women. The minimum age of criminal responsibility was raised from seven years, but only to nine years, a fact highlighting the need to improve the juvenile justice system. An estimated 5.3 million orphaned children have lost a mother, father or both parents.

7. While the HIV prevalence rate is still low, behavioural patterns suggest that HIV infection could reach epidemic proportions unless major prevention efforts are undertaken. The Government has finalized the National Strategic Plan for HIV/AIDS and has received resources from the Global Fund to Fight AIDS, Tuberculosis and Malaria.

8. About half of the urban population of 26 million lives in shanty towns. With no policy for shanty town dwellers, their access to essential basic services is scarce. Many children in this situation are working, deprived of education and health care, and vulnerable to violence, abuse, and exploitation.

9. In the Chittagong Hill Tracts, where about half of the population is of ethnic minority origins, development has been slower than that of the national average, mainly because of a history of conflict and the more difficult terrain. Malaria is common in this area.

10. Children are also vulnerable to emergencies, such as recurring floods that regularly submerge a large part of the country. Floods in 2004 affected more than 36 million people in 39 districts.

11. Bangladesh has ratified the Convention on the Rights of the Child and its two Optional Protocols. It has also ratified the Convention on the Elimination of All Forms of Discrimination against Women and other major international agreements. The Government is committed to addressing children's and women's rights and has set itself on course towards achieving the Millennium Development Goals. The Poverty Reduction Strategy Paper (PRSP) is being finalized.

Key results and lessons learned from previous cooperation, 2001-2005

Key results achieved

12. UNICEF, in collaboration with the World Health Organization (WHO) and other partners, supported the Government in maintaining polio-free status and increasing the full immunization rate from 52 to 63 per cent in 2003, vaccinating approximately 3 million children annually by the age of one. UNICEF has provided vaccines, training for health workers, and communication materials. UNICEF, in partnership with Columbia University and the Japan International Cooperation Agency, upgraded 190 emergency obstetric care facilities at the district and *upazila* (sub-district) levels. A national vitamin A "plus" campaign was introduced on a twice-yearly basis in 2003 as a strategy to maintain supplementation coverage after the completion of National Immunization Days. In 2004, approximately 15 million children aged 12 to 59 months received vitamin A capsules.

13. Communication initiatives have drawn national attention to the education rights of all children, especially of girls and working children. The primary education project was expanded to 38 of the country's 64 districts, reaching more than 10 million children with quality education, and training 150,000 teachers on interactive methods. The expertise of UNICEF in primary education served as strategic input to the sub-sectorwide programme, known as the Second Primary Education Development Programme (PEDP-II). Nearly 350,000 urban working children in six City Corporations (urban areas) received basic education, and 125,000 adolescent girls were trained in life skills, which significantly improved the girls' ability to act independently.

14. More than 1 million tube wells were tested for arsenic contamination, while communication initiatives increased awareness of arsenic contamination from among 35 per cent of the population in the programme area to 76 per cent between 2000 and 2003. Arsenic-free water supplies are being installed in 20 *upazilas* that have contaminated water. Supported with funds from the United Kingdom Department for International Development, community hygiene promotion among 1.5 million households resulted in construction of more than 400,000 household latrines and 5,000 water points. Hygiene promotion took place in 4,800 primary schools.

15. Birth registration campaigns were held in 19 districts; registering 7.9 million children under five in 2004, and advocacy efforts led to the enactment of the 2004 Births and Deaths Registration Act, simplifying registration and making it mandatory. UNICEF also supported the development of the National Plan of Action to Combat Sexual Abuse and Exploitation including Trafficking; the preparation of a national action plan following the United Nations General Assembly Special Session on Children; and the National Strategic Plan for HIV/AIDS. As Chair of the United Nations Theme Group on HIV/AIDS, UNICEF played a leading role in HIV/AIDS-related initiatives, and administered a $12-million HIV/AIDS Prevention Project funded by the World Bank and DFID.

16. In the Chittagong Hill Tracts, a community-based project provided health and education services through 2,220 *para* (village) centres. More than 44,400 children aged 3 to 6 years received early learning opportunities, and 215 safe water points

and 6,675 sanitary latrines were built in 300 villages. In urban shanty towns, UNICEF supported early childhood development activities for 12,000 children in Urban Development Centres.

17. During the 2004 floods, UNICEF participated in the United Nations Flash Appeal and provided support for water, health, education, and protection. UNICEF, with the World Food Programme (WFP), procured and distributed fortified blended food for 422,250 children, pregnant women, and breastfeeding women in affected districts.

Lessons learned

18. Implementing the 2001-2005 programme, UNICEF adapted to the workings of evolving partnerships such as the sector-wide approaches (SWAps) in health and primary education, in which the country office could play a significant and constructive role while remaining a non-pool funder. Implementation of World Bank-supported projects in primary education, nutrition, and HIV/AIDS also provided opportunity for new working modalities.

19. The mid-term review (MTR) of the country programme recommended that the new country programme converge the efforts of different programme activities, making them more focused, and enhance the rights-based approach, increasing the emphasis placed on disadvantaged groups, including shanty town dwellers and ethnic minorities.

20. The MTR further stressed the need for behavioural change communication to be coordinated across different programmes and projects to yield synergy. Community- and family-based behavioural change will support the healthy development of children and the advancement of adolescents, especially girls.

The country programme, 2006-2010

Summary budget table

(In thousands of United States dollars)

Programme	*Regular resources*	*Other resources*	*Total*
Health and nutrition	12 000	50 000	62 000
Child development and education	10 000	65 000	75 000
Water and environmental sanitation	11 000	68 000	79 000
Child protection	8 000	15 000	23 000
Policy, advocacy and partnerships for children's rights	8 490	12 000	20 490
Cross-sectoral costs	11 000	-	11 000
Total	**60 490**	**210 000**	**270 490**

Preparation process

21. The country programme preparation was led by the Joint Government-UNICEF Advisory Group, involving all stakeholders at various stages of the process. The programme has taken into consideration the MTR, the situation analysis, the 2004 Common Country Assessment, the draft medium-term strategic plan (MTSP) of UNICEF 2006-2009, the concluding observations of the Committee on the Rights of the Child, and the draft PRSP. Also incorporated were children's views, collected through participatory methods.

22. The process for the United Nations Development Assistance Framework (UNDAF) 2006-2010 took place concurrently. The Joint Strategy Meeting in March 2005, involving United Nations agencies, the Government, donors and civil society, endorsed the UNDAF. Main elements of the proposed UNICEF programme of cooperation were agreed in a Joint Government-UNICEF Advisory Group meeting on 16 March.

23. The proposed country programme has been assessed and is likely to have no negative impact on the environment.

Goals, key results and strategies

24. The country programme aims for the progressive realization of children's and women's rights through improved survival, development, protection and participation in the framework of the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women, the Millennium Development Goals and the Millennium Declaration.

25. The country programme will aim to achieve key results by converging programmatic efforts in disadvantaged areas selected through vulnerability analysis, and will include the provision of a package of basic interventions and support to a community-based planning process. The Expanded Program on Immunization (EPI), vitamin A supplementation, salt iodization, and birth registration will target all children nationwide. Concurrently, active contributions to the SWAps in health and education will influence national policies and strengthen institutional capacity. Collaboration with other United Nations agencies and relevant partners will be pursued.

26. The country programme aims to achieve the following results enhancing the achievement of UNDAF results: (a) children will be protected through more effective legislative and enforcement systems; (b) the Child Rights Commission will be established and address children's issues; (c) 90 per cent of all children will be protected by valid immunization by 12 months of age; (d) 90 per cent of children 12 to 59 months of age will be receiving biannual vitamin A supplementation; (e) 85 per cent of households will be consuming iodized salt; (f) drowning deaths among children aged one to four will be reduced from 86 to 70 per 100,000 population; (g) the percentage of women with obstetric complications whose need for services are met will increase from 27 to 50; (h) 70 per cent of all children will be registered and provided with a birth certificate; (i) in the shanty towns of six City Corporations, 100,000 out-of-school children will have completed non-formal primary education, 200,000 working children will have completed basic education, 20,000 will have completed vocational training; (j) 1 million adolescent girls and boys in selected areas will have acquired the skills to protect themselves and act as

agents of change to reduce child marriage, dowry, and other forms of abuse; (k) 30 per cent of adolescents will have the information and skills needed to reduce their vulnerability to HIV, and 80 per cent of HIV-infected children will be receiving care and support; (l) children in the Chittagong Hill Tracts and urban shanty towns will have access to improved health and education basic services; and (m) knowledge about children and women will be expanded as a means to advocate for their rights, with emphasis given to the most vulnerable.

27. The country programme will also contribute to reaching the PEDP-II national targets of (a) a primary net enrolment rate of 95 per cent, with 85 per cent completion and 65 per cent achievement of nationally defined competencies for girls and boys; and (b) the Government target of 100 per cent access to safe water and sanitation facilities by 2010.

28. To achieve these results, the country programme will use the following strategies:

(a) Emphasis will be placed on the most vulnerable children to accelerate the reduction of existing gaps. UNICEF will advocate for fulfilling the rights of these children as a means of constructing an equitable society and as a precondition to achieving the Millennium Development Goals.

(b) Adolescent girls and boys will be empowered to become agents of change in the society to improve conditions and reduce gender disparities. Gender concerns will be mainstreamed across different programmes.

(c) Social mobilization and strategic communication will be integrated in the programmes to achieve and sustain the social and behavioural objectives. Meaningful child and community participation will be sought in the design, management and monitoring of programmes that are relevant to the lives of children and communities.

(d) Advocacy and partnership will be enhanced through systematic knowledge management and communication activities to leverage resources for children and promote child rights at the international, national and community levels.

Relationship to national priorities and the UNDAF

29. The country programme aims to contribute to the national goals and targets of the Government's PRSP for July 2005 to June 2007. The Government has also set priorities for children in the National Plan of Action for Children 2004-2009. The country programme will contribute to the overall goals of the Government's sector-wide programmes in health and education and support the health Sector Investment Plan (SIP) 2003-2010 as well as assist the preparation of a Sector Development Programme in water and sanitation. UNICEF will support the Government in the implementation of the National Strategic Plan for HIV/AIDS 2004-2010 and will support coordination through the Joint United Nations Programme on HIV/AIDS (UNAIDS), along with other stakeholders.

30. The common results and complementary roles of United Nations agencies have been articulated in the following six UNDAF priorities: democratic governance and human rights; health, nutrition and sustainable population; education and pro-poor growth; social protection and disaster risk-reduction; gender equity and the

advancement of women; and the prevention of and protection against HIV/AIDS. The UNICEF country programme is strongly linked with and supports these national priorities and UNDAF outcomes.

Relationship to international priorities

31. The Government has strongly endorsed the Millennium Declaration and the Millennium Development Goals. The country programme is targeted to help Bangladesh achieve the Goals, and is guided by the principles of *A World Fit for Children*. Better knowledge of the causes of child morbidity and mortality will enable UNICEF to contribute strategically to the reduction of child mortality. Interventions to ensure quality education and gender equity in schools, support to emergency obstetric care for maternal mortality reduction, and HIV/AIDS prevention will accelerate the achievement of the Goals.

32. The new country programme embraces all focus areas of the MTSP 2006-2009. Increased emphasis will be placed on child survival, maternal mortality reduction and protection as well as HIV/AIDS, considering the potential risk faced by the country.

33. Support to water and sanitation will significantly contribute to the United Nations Decade "Water for Life" 2005-2015. UNICEF will lead the inter-agency collaborative mechanism "United Nations Water", and link with UNICEF offices in the Region for the biennial South Asia Conference on Sanitation.

34. Other international and regional conventions, such as the Optional Protocols to the Convention on the Rights of the Child and the South Asian Association for Regional Cooperation's Convention on Preventing and Combating Trafficking in Women and Children for Prostitution, will facilitate regional cooperation. Resolutions regarding Beijing+10 will be a key reference for efforts to improve gender equality.

Programme components

35. **Health and nutrition**. The programme will contribute to achieving the goal set by the Health, Nutrition, Population Sector Programme-SIP of increasing the availability and utilization of quality services for a defined essential services package. Lessons learned from community-based activities will be used to leverage support for scaling up cost-effective interventions. The areas of focus are high neonatal and maternal mortalities; childhood injuries; inequality in access to and utilization of services; and HIV/AIDS.

36. The programme includes components that are national in coverage (immunization, vitamin A, control of iodine deficiency disorders) and a package of interventions to be implemented in selected areas, in the Chittagong Hill Tracts and urban shanty towns. Through an innovative approach, births will be registered when children receive routine EPI. Facility-based integrated management of childhood illnesses (IMCI) will be expanded from 100 to 300 sub-districts and cost-effective models for community-based IMCI will be established in 50 sub-districts. The programme will also support the development of national strategies and plans for the prevention of injuries, and pilot safety packages for the home, school and communities in selected areas.

37. Support will be provided to improving antenatal and emergency obstetric care in upgraded facilities, combining an efficient response to mothers' needs with care for the newborn as a way to prevent neonatal deaths. Since most deliveries take place at home, targeted support will be provided in select communities for birth planning and recognition of danger signs.

38. A comprehensive approach to prevention of parent-to-child transmission (PPTCT) of HIV will be promoted and will include technical support for policy development as well as vertical transmission interventions in specific facilities.

39. To reduce malnutrition, the programme will develop new strategies for (a) sustained vitamin A supplementation, de-worming and reduction of iron-deficiency anaemia among children, adolescents and women of child-bearing age; and (b) improvement of the private sector performance in salt iodization. Furthermore, child and maternal nutritional practices will be improved through community-based IMCI.

40. Regular resources will support key interventions, including PPTCT, particularly in developing sustainable and cost-effective child/maternal health and nutrition models for national replication. The key partner in implementation will be the Directorate General of Health Services in the Ministry of Health and Family Welfare. UNICEF will participate in the Donor Consortium monitoring the implementation of the Health, Nutrition, Population Sector Programme and will collaborate with other United Nations agencies and development partners, especially in maternal health.

41. **Child development and education**. The programme aims at ensuring equitable access to quality basic education for all children by increasing children's developmental readiness for school, improving the quality of education, broadening access and reducing gender and other disparities.

42. For pre-school children, the programme will support learning in safe and child-friendly centres and will promote positive practices for early learning in homes and communities. Interventions will focus on the most disadvantaged children in urban shanty towns, the Chittagong Hill Tracts and selected districts.

43. In formal education, support will be provided within the sector-wide programme (PEDP-II) to reach national targets. UNICEF will support in-service training of teachers in child-centred and participatory methods, innovative interventions for inclusive education, social mobilization and community participation to ensure that schools are child-friendly, gender-sensitive, efficient and effective. In six districts UNICEF will develop and pilot these interventions for nationwide implementation within PEDP-II. Support will be extended to secondary education to introduce life skills, including HIV/AIDS prevention, through the curriculum, extracurricular activities and teacher training.

44. In partnership with the Government, non-governmental organizations (NGOs) and communities, UNICEF will provide life-skills-based basic education for 100,000 out-of-school children of primary school age in urban shanty towns, and for 200,000 urban working children aged 10 to 14 (the majority girls). About 20,000 of these children will also receive livelihood training to expand their employment horizons. UNICEF will advocate for policies and practical measures to improve the lives of working children and to decrease the incidence of child labour. UNICEF

will continue its partnership with the International Labour Organization (ILO) in the Time-Bound Programme on the Elimination of the Worst Forms of Child Labour.

45. Regular resources will be used to support PEDP-II and improve access to services for vulnerable groups. Other resources will ensure expansion of initiatives to improve quality, equity and access.

46. **Water and environmental sanitation**. The programme will support the monitoring of progress towards the national and global targets, particularly the Millennium Development Goals. Policy and practice will be linked through support given by UNICEF to the proposed Policy Support Unit in the Ministry of Local Government, Rural Development and Cooperatives and through involvement in the preparation of a Sector Development Programme. Key partners include DFID, the Danish International Development Agency and the World Bank. Advocacy will focus on arsenic mitigation, water quality, school sanitation and hygiene education. The programme will develop a knowledge base on the w and sanitation sector through the analysis of programme experience, the monitoring of sector developments and active involvement in various national, regional and global networks.

47. UNICEF will support the development and improvement of water quality monitoring systems and the adoption of the water-safety plan approach. Technologies for arsenic mitigation will continue to be developed and promoted. The range of appropriate sanitation options will be extended, especially for high water table areas and urban shanty towns. Ecological sanitation will be investigated for appropriateness in Bangladesh. Solid-waste management and drainage systems will be further developed for shanty towns.

48. The programme will support communities in achieving their objectives regarding improvements in hygiene practices and access to sanitation and safe water supplies by strengthening community capacity for self-analysis, action planning, monitoring and evaluation. The programme will ensure that a comprehensive solution is reached for the whole community, engaging the poor and marginalized groups. The projects will include school sanitation and hygiene education as an integrated component of the community action plan. Flood preparedness will be addressed in all flood-prone areas.

49. UNICEF will use its regular resources for funding the core activities in knowledge development, advocacy and sector development, with some limited support given to community projects. Other resources funding will allow for the expansion of the community projects across a wider area.

50. **Child protection**. The programme aims to create a culture of respect for children's protection rights through advocacy, a change of societal attitudes, strengthened capacity in social work, and the establishment of protective social services and mechanisms.

51. UNICEF will focus on adolescents, especially girls, children at risk, and policy development, advocacy and legal reform. Adolescents equipped with appropriate life skills will be able to better protect themselves from exploitation, violence, and abusive practices, including dowry and child marriage and trafficking. The involvement of the family and community will support this improvement in life skills, with its positive effect on gender roles. Children without parental care, or who are involved in domestic labour or commercial sexual exploitation, are

considered to be at risk, and their needs will be addressed. The programme will also facilitate the implementation of the new birth registration law through intersectoral coordination. In addition, it will support the reform of the juvenile justice system by promoting measures that do not deny children's freedom and that support rehabilitation in the children's natural social environment.

52. The programme will assist the development of policies as well as legal and institutional reforms and will strengthen social protection services to support children and their families.

53. Implementation will take place in partnership with the Ministry of Women and Children Affairs, the Ministry of Home Affairs, the Ministry of Social Welfare, the Ministry of Local Government, Rural Development and Cooperatives and the Ministry of Law, Justice and Parliamentary Affairs. The programme will strengthen partnerships with international and national NGOs and United Nations agencies, including the ILO and the United Nations Development Programme (UNDP).

54. Regular resources will fund core activities in legal reform, advocacy and policy development, with limited support given to community projects. Other resources will ensure expansion of community-based interventions and programme activities for adolescents.

55. **Policy, advocacy and partnerships for children's rights**. The programme will advocate for the rights of all children, aiming to ensure that children are at the centre of national instruments and plans. The programme will strengthen the knowledge base, so that effective advocacy can take place for policy change, and will build the capacities of relevant institutions to help monitor the implementation of the Convention on the Rights of the Child. Through communication interventions, the programme will inform and sensitize all levels of society on children's rights.

56. The programme will support the functioning of the Child Rights Commission as an independent monitoring body. Analysis and monitoring of progress in the achievement towards the Millennium Development Goals, supported by *DevInfo*, will be used to promote policy changes and resource allocations. Multiple Indicator Cluster Surveys will be conducted, and a bottom-up routine data-collection system will be piloted. Surveys and research on cross-sectoral areas will be conducted to broaden the knowledge base. The programme will aim to establish a knowledge management system to collect, validate and provide up-to-date, strategic information on the situation of children and women, identifying the most marginalized groups in order to address their needs in policy and programmes. It will also support knowledge-sharing networks, policy dialogue and the participation of civil society.

57. Children will be actively involved in the advocacy process, directly and through opinion-polling among children. In collaboration with journalist organizations, efforts will be made to enhance the skills of communicators regarding children's issues and to promote ethical ways of reporting on those issues. Children's issues and the Millennium Development Goals will be kept high on the agenda with the help of new and existing partnerships, especially with the donor community, international media, National Committees for UNICEF and other United Nations agencies. Necessary information will be provided during emergencies and through the UNICEF website.

58. **Cross-cutting issues**. The preparation of the country programme has highlighted the increasing need for issues to be addressed across programmes. Cross-sectoral coordination is particularly needed for HIV/AIDS, injury prevention, birth registration, emergency response and integrated interventions in the Chittagong Hill Tracts and urban shanty towns.

59. UNICEF will support the national response to HIV/AIDS, focusing on providing adolescent boys and girls with the information and skills needed to reduce their vulnerability to HIV. Regular resources will help to develop models and tools for these interventions. The country programme will have the flexibility to adjust to both the unfolding of the emerging epidemic and external support mechanisms.

60. Injury prevention will also be addressed by various programmes, in keeping with the multifaceted nature of the issue. Birth registration will be enhanced through its association with EPI, school enrolment, and interventions for vulnerable children. Preparedness and responses to emergencies will be integrated in each programme to meet the Core Corporate Commitments of UNICEF in emergencies.

61. In urban shanty towns and the Chittagong Hill Tracts, an integrated package of basic services will be delivered through a cross-sectoral approach. Urban Development Centres and *para* centres will be the starting points of the integrated community-based approach through which most sectoral activities will be implemented. In the Chittagong Hill Tracts, the existing 2,200 *para* centres will be strengthened while efforts go towards establishing 2,000 new ones.

62. **Cross-sectoral costs**. Part of the programme budget will be used to cover cross-sectoral expenses for the implementation of the country programme and office management. They include operating expenses, salary and travel costs of cross-sectoral staff, and office and IT equipment.

Major partnerships

63. Collaboration will be strengthened with development partners, including United Nations agencies, the World Bank, and the Asian Development Bank (ADB). The country programme will continue to work closely with international and national NGOs and civil society organizations. Interventions for the elimination of child labour will be implemented jointly with ILO and ADB. Joint initiatives with UNDP, the United Nations Population Fund and WFP will be developed into more mature programmes. WHO will be a partner in health-related initiatives. In addition, UNICEF will continue to play a strong role in the United Nations Theme Group and to support the UNAIDS secretariat. Collaboration and coordination will be intensified with donors, including Australia, Canada, Germany, Japan, the Netherlands, Sweden and the United Kingdom, as well as with the European Union and National Committees. Active participation in SWAps and donor consortiums will continue to ensure that strategic relationships are maintained with partners, including international financial institutions.

Monitoring, evaluation and programme management

64. The progress and expected key results will be assessed by Millennium Development Goal indicators and progress indicators specified in the results matrix. The progress of the programme will be monitored regularly by both Dhaka-based

and field-based staff. In 2008, an MTR will be undertaken. Monitoring and evaluation activities will be planned strategically using the Integrated Monitoring and Evaluation Plan. Main programmes will conduct an evaluation either before the mid-term or in association with the development of the succeeding country programme. Pilot projects will be assessed and measured against baseline data, and positive results will be used to advocate for scaling up.

65. The Economic Relations Division of the Ministry of Finance will be coordinating the planning and implementation of this programme under the guidance of the Joint Government-UNICEF Advisory Group.